

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029479

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 41

STATE FILE NUMBER

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Platte City, Missouri</u>		c. CITY OR TOWN <u>Platte City, Missouri</u>	
Length of stay in 1b <u>5 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hotel Platte City</u>		d. STREET ADDRESS (If outside, give location) <u>Platte City</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Park</u> Middle <u>Warner</u> Last <u>Miller</u>		4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-9-1884</u>
9. AGE (last birthday) <u>78 years</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u> Hours <u>36</u> Min. <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Platte City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse B. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Allie Park</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Joe Jack Miller, Parkville, Missouri</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> <u>Coronary Atherosclerosis</u> <u>ASHD & Coronary Arteriosclerosis</u> DUE TO (b) <u>7 years</u> DUE TO (c) <u>7 years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:00</u> a.m. <u>7:00</u> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1960?</u> to <u>1963</u> and last saw her alive on <u>6/10/63</u> . Death occurred at <u>7:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>[Signature]</u>	
22a. ADDRESS <u>Platte City</u>		22b. DATE SIGNED <u>7/3/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 3, 1963</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Platte City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Platte City, Missouri</u>
24. FUNERAL DIRECTOR <u>Tommy R. Rollins Platte City, Missouri</u>		25. DATE REC'D. BY LOCAL REG. <u>July 3, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

- Signature of Student Embalmer

Signed

Lawrence R. Rolkin

Licensed Embalmer No. 5710

P. O. Address

St. Albans, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.